



increased risks.



established safety procedures are not followed, however, there are

To scuba dive safely, you should not be extremely overweight or out

MEDICAL STATEMENT

Participant Record (Confidential Information)

Please read carefully before signing:

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to

training program. Your signature on this statement is required for you to participate in the scuba training program offered	of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold of
by	congestion, epilepsy, a severe medical problem or who is under the influence
Instructor/ Facility	of alcohol or drugs should not dive. If you have asthma, heart disease, other
located in	chronic medical conditions or you are tak- ing medications on a regular basis, you should consult your doctor and the instructor before participating in this
Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When	program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely. If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.
Divers Medical Questionnaire	
To the Participant:	
The purpose of this Medical Questionnaire is to find out if you should be exam- ined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.	Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.
Could you be pregnant, or are you attempting to become pregnant?	Dysentery or dehydration requiring medical intervention?
Are you presently taking prescription medications? (with the exception of	Any dive accidents or decompression sickness?
birth control or anti-malarial)	Inability to perform moderate exercise (example: walk 1.6 km/one mile within
Are you over 45 years of age and can answer YES to one or more of the	12 mins.)?
following? • currently smoke a pipe, cigars or cigarettes	Head injury with loss of consciousness in the past five years?
have a high cholesterol level	Recurrent back problems?
 have a family history of heart attack or stroke 	Back or spinal surgery?
are currently receiving medical care	Diabetes?
high blood pressurediabetes mellitus, even if controlled by diet alone	Back, arm or leg problems following surgery, injury or fracture?
Have you ever had or do you currently have	High blood pressure or take medicine to control blood pressure?
Asthma, or wheezing with breathing, or wheezing with exercise?	
Frequent or severe attacks of hayfever or allergy?	— Heart disease?
Frequent colds, sinusitis or bronchitis?	Heart attack?
Any form of lung disease?	Angina, heart surgery or blood vessel surgery?
Pneumothorax (collapsed lung)?	Sinus surgery?
Other chest disease or chest surgery?	Ear disease or surgery, hearing loss or problems with balance?
Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?	Recurrent ear problems? Bleeding or other blood disorders?
Epilepsy, seizures, convulsions or take medications to prevent them?	Hernia?
Recurring complicated migraine headaches or take medications to pre-	Ulcers or ulcer surgery ?
vent them?	A colostomy or ileostomy?
Blackouts or fainting (full/partial loss of consciousness)?	Recreational drug use or treatment for, or alcoholism in the past five
Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?	years?
The information I have provided about my medical history is accurate responsibility for omissions regarding my failure to disclose any ex	



STUDENT

NameFirst				Birth Date Day/Month/Year
First	Initial	L	ast	Day/Month/Year
Mailing Address				
City			State/Province	/Region
Country			Zip/Postal Cod	de
Home Phone ()			Business Phone ()
Email			FAX	
Name and address of your family	y physician			
^o hysician			Clinic/Hospital	
Address				
Date of last physical examination				
Name of examiner			Clinic/Hospital	
Address				
Dhone (
Priorie (<u>)</u>		Email		
Phone ()				
Were you ever required to have a phys PHYSICIAN This person applying for training or is popinion of the applicant's medical fitnes	oical for diving[2]	Yes No	If so, when?scuba (self-contained under	water breathing apparatus) diving. Your
PHYSICIAN This person applying for training or is popinion of the applicant's medical fitnes Physician's Impression	oresently certified to	Yes No	o If so, when?scuba (self-contained under d. There are guidelines atta	water breathing apparatus) diving. Your
PHYSICIAN This person applying for training or is popinion of the applicant's medical fitnes Physician's Impression I find no medical conditions that	oresently certified to ess for scuba diving	Yes No	scuba (self-contained under d. There are guidelines atta	water breathing apparatus) diving. Your
PHYSICIAN This person applying for training or is popinion of the applicant's medical fitnes Physician's Impression I find no medical conditions that diving. I am unable to recomme	oresently certified to ess for scuba diving	Yes No	scuba (self-contained under d. There are guidelines atta	water breathing apparatus) diving. Your
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 $\ \, {\mathbb O}$ International Aquanautic Club GmbH & Co. KG (02/2015)